

STUDY OF THE SOCIAL CIRCUMSTANCES AND
DRINKING PATTERNS OF BLACK FEMALE ALCOHOLICS
AT THE DEKALB ADDICTION CLINIC

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS

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ATLANTA, GEORGIA
DECEMBER 1980

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CHAPTER I

INTRODUCTION

Problem drinking and alcoholism among women has steadily increased in the United States in recent years. According to a study done by the Governor's Study Commission on Alcohol in Georgia in 1971, there are an estimated 9,000,000 alcoholics in the United States.¹ Of these 30 percent are believed to be female. Psychiatrist R. Gordon Bell disputes this figure. He believes that the number of women alcoholics may actually match men alcoholics, thereby making up one half of the alcoholic population. Dr. Bell, as quoted in an article by Brenda Kaubin, believes that:

Serious drinking problems are much more prevalent among women than any figures have yet shown...but most of it remains either unrecognized or untreated. ...the ability of women to manipulate their environment to accommodate drinking may, indeed be the only factor impeding a statistically sound one-for-one ratio.²

Alcoholism, as defined by Frederick Harper, is consistent

¹Governor's Study Commission on Alcohol, Alcohol Use and Abuse in Georgia: Problems, Programs, and Progress. December, 1971, p. 5

²Brenda J. Kaubin, "Sexism Shades the Lives and Treatment of Female Addicts," Contemporary Drug Problems. Vol.3, Winter, 1974, p. 473

and uncontrollable drinking that interferes with interpersonal relations, work, and functioning.³

Little is known about the female alcoholic. Traditionally, detection of alcoholism in females was difficult but today, with the women's liberation movement, and with changing societal norms, more women are drinking publicly and seeking treatment for alcohol problems. In the past, research studies of alcoholism have dealt primarily with the male. These findings were generalized for both males and females. Since studies show that men and women respond differently in consumption patterns, age of addiction, and causes of addiction, to alcohol, and that studies generalizing from a male alcoholic population are misleading and inadequate in explaining the problems of female alcoholism, more researchers are beginning to study the female alcoholic.⁴

Similarly, there is also evidence that various racial and ethnic groups respond differently to alcohol. A study conducted by Wolff found that Oriental groups responded differently to alcohol use consumption tests than Occidental groups.⁵ Therefore, if reactionary differences can be found

³Frederick D. Harper, "Overview: Alcohol and Blacks," in Frederick Harper, ed. *Alcohol Abuse and Black America*. (Virginia: Douglass Publishers, Inc., 1976) p.4

⁴Kaubin, "Sexism Shades the Lives and Treatment of Female Addicts," p. 473 & 479; Kaye M. Fillmore, "Drinking and Problem Drinking in Early Adulthood and Middle-Age," Quarterly Journal of Studies on Alcohol, Vol. 35, September, 1974, p. 837

⁵John Ewing, et.al., "Alcohol Sensitivity and Ethnic Background," *American Journal of Psychiatry*, Vol. 131, February, 1974, p. 206

between racial groups when tested with alcohol, it is important that conclusions drawn from alcohol studies based on white female populations not be generalized to explain the Black female's reaction to alcohol.

So far, however, when researchers have begun to study women and alcohol, most of them have concentrated on white populations. Extensive studies of the Black female alcoholic are virtually non-existent.

This study is significant in that it will attempt to identify some of the characteristics of the Black female alcoholic as exemplified by the females at the Dekalb Addiction Clinic. Further, it is intended that this study will, by looking at the Black females at the Dekalb Addiction Clinic, provide some indication of the Black female's drinking patterns so that treatment facilities can begin to address their special needs.

The questions which the author intends to address herself to in this study are, What are the demographic, psychological, and social characteristics of the Black female alcoholics at the Dekalb Addiction Clinic? and, What are their drinking patterns and the context in which they use alcohol.

Purpose of Study

This study is largely exploratory and is designed to address questions not dealt with in previous studies of alcoholism. More specifically, by looking at the Black

females at the Dekalb Addiction Clinic, it is hoped that this study will:

- 1) Enable us to identify and to better understand the characteristics and consumption patterns of the Black female alcoholic,
- 2) Aid us in determining what impact sociological and psychological factors such as racial tension and sex-role confusion have on the Black female alcoholic,
- 3) Aid us in developing an appreciation for the uniqueness of the Black female alcoholic, and
- 4) Contribute to the meaningful scientific study of the Black female alcoholic.

The overall purpose of this study however, is to provide a sociological description of the Black female's drinking behavior.

Literature Review

Ms. Beckman in her article entitled, "Women Alcoholics: A review of Social and Psychological Studies," reviewed all the major studies on women and alcohol from 1950 to 1975. An attempt will be made to summarize Ms. Beckman's major findings and to review the literature on female alcoholics from 1975 to present. Additionally, any literature not reviewed by Ms. Beckman during the period from 1950 to 1975 will be reviewed by the author of this study.

In Ms. Beckman's literary search, she documented the following information on women and alcohol.

1. Women alcoholics are more likely than nonalcoholic women to have parents, especially fathers who are alcoholics.

2. Women alcoholics have perceived themselves as having cold, severe, domineering mothers and warmer, gentle but often alcoholic fathers.

3. Women alcoholics tend to reject their parents (especially mothers) and marry cold, domineering husbands.

4. Women alcoholics generally have experienced deprivation and show signs of psychopathology and maladjustments or abnormalities which appear to be linked to their alcoholism.

5. Women generally become alcoholic at a late age, usually during middle-age as a result of some emotional or physical stress.

6. Women alcoholics are often admitted to hospitals as psychiatric patients, thus their identity as alcohol patients obscured.

7. Women alcoholics often attempt suicide because they are unable to cope with their emotional or physical stresses.

8. Women alcoholics are difficult to cope with as patients and have poor treatment prognosis.

9. Women alcoholics often remain hidden by their families and drink alone in the privacy of their homes.

10. Alcoholism in women often manifest itself in conjunction with another type of psychological disorder and is usually the secondary illness. For example, often women turn to alcohol because they cannot adequately fulfill a satisfying role within the family unit.

11. Women drink because of a need to feel more womanly and self-fulfilled. Also, women alcoholics have problems in

feminine identification and sex-role confusion.

12. Longitudinal studies show that adult alcohol related behavior is often an expression of personality characteristics that are exhibited before starting to drink.

13. Women alcoholics perceive themselves as having more control over what happens to them than non-alcoholics. This is because of many alcoholics' belief that they have control of their drinking and therefore, deny their alcoholic condition.

14. Women alcoholics have been characterized as being sexually inadequate and frigid. Both frigid and sexually promiscuous women often find sexual relationships frightening, uncomfortable and painful.

15. Women homosexuals are more likely to be alcoholic than heterosexual women. Women alcoholics generally show diminished interest in heterosexual relationships and decrease their sexual activity.

16. Alcoholism in women is often related to a variety of feminine physiological functions such as menopause or pre/post menstrual tension. Also, their inability to accept their feminine physiological functions as normal is related to their alcoholism.⁶

Ms. Beckman's work represents a major literary review on female alcoholism. However, her study does not provide

⁶Linda J. Beckman, "Women Alcoholics: A Review of Social and Psychological Studies," Journal of Studies on Alcohol, Vol. 36. July, 1975.

much analysis of the problems of female alcoholism.

Another important work, is Kaye Fillmore's 1974 study on problem drinking. She found that longitudinal studies on drinking behaviors in teens and young adults provide a good indication of those who will become problem drinkers in later life. Further, she found that 50 percent of the persons studied who had drinking problems in early adulthood, also showed signs of problem drinking during middle-age. Ms. Fillmore found that quantity and frequency of alcohol consumption were more related to problem drinking in middle-age than in young adulthood. She noted that simple counts of the number and frequency of drinks consumed was not a good indication of whether or not a person is alcoholic. A better indication would be how an individual behaves as a result of his drinking. If alcohol interferes or interrupts an individual's work or everyday functioning, then he can be thought to be alcoholic.

Finally, Ms. Fillmore found that there are definite differences between men and women in their drinking patterns and that there is virtually no relationship in early quantity drinking in women to problem drinking in later life.⁷ This would support other studies reviewed by Linda Beckman which indicated that women become alcoholic later in life.

⁷Fillmore, "Drinking and Problem Drinking in Early Adulthood and Middle-Age.

Jane James' study on female alcoholism further supports the belief that there are differences in the drinking patterns and drinking behaviors between men and women.⁸ She agrees with the position of Marty Mann in his 1970 study on alcoholism. Mann notes:

The disease of alcoholism affects both men and women in the same way although the circumstances in which most women drink create apparent differences. The behavior symptoms may differ for a woman alcoholic and she may be more difficult to reach.⁹

Studies reviewed by Ms. Beckman which state that women alcoholics have poor treatment prognosis is supported by a study done by Brenda Kaubin. Ms. Kaubin in her study suggests several reasons for this. One reason is that so little is known about the female alcoholic since most researchers study the male alcoholic and then attempt to generalize their findings to the female. She suggest that males are more often studied because:

...male problem drinking has more "visible effects" and thus may be of more concern to society. Researchers may study male alcoholics because male drinking settings (like bars or stag parties) are more common and accessible, and because male enter

⁸Jane E. James, "Symtoms of Alcoholism in Women," Journal of Studies on Alcohol. Vol. 36, November, 1975.

⁹Marty Mann, Marty Mann Answers Your Questions About Drinking and Alcoholism. (New York: Holt, Rinehart and Winston, 1970)

treatment more often.¹⁰

Further, Ms. Kaubin states that:

...male norms are taken as a standard and are then applied to males and females alike. Male researchers and therapist tend to see reality from a strictly male perspective and to consider male situations and male problems as more vital and important than female situations and female problems.¹¹

A second reason offered by Ms. Kaubin as to why female alcoholics have poor treatment histories is that little attention is paid to the female. According to Ms. Kaubin's article, females are supposed to be a stabilizing force, therefore society would prefer to ignore or cover up their problem than admit and deal with their alcohol addiction.

A third reason for poor treatment prognosis in women as postulated by Ms. Kaubin, is that most treatment facilities are geared only to the treatment of the male. In fact, in some treatment programs, women alcoholics are recruited only for the use in role playing in treating the male.

The final reason for poor treatment problems in women offered by Ms. Kaubin is self-hatred in women. Many female alcoholics view themselves as sex objects and cannot perceive their own self-worth. Their self-esteem is generally

¹⁰Brenda Kaubin, "Sexism Shades the Lives and Treatment of Female Addicts," p. 473

¹¹Ibid, p. 473

low and they tend to only be able to relate to men on a physical level.¹²

An appreciable amount of studies have been done on the relationship between sex-role identification problems in women and alcoholism.¹³ In fact, the central most occurring theme in trying to determine causes of alcoholism in women is sex-role identification problems. Richard and Sharon Wilsnack, in a study on "Sex Roles and Drinking Among Adolescent Girls," found that the increased occurrence of alcoholism in women can be attributed to the "women's liberation movement and associated changes in women's roles, especially changes that involve exposure to formerly masculine environments and roles."¹⁴ According to the Wilsnacks, women can be affected by these changes in several ways. The changes may increase women's exposure to alcohol and opportunities to drink, liberalize traditional norms against drinking by women making drinking more permissible, offer women new goals and aspirations, perhaps causing stress that alcohol reduces, and encourage drinking

¹² Ibid, p. 475

¹³ Richard and Sharon Wilsnack, "Sex Roles and Drinking Among Adolescent Girls," Journal of Studies on Alcohol, Vol. 39. November, 1978, p. 1855; Sharon Wilsnack, "The Impact of Sex Roles on Women's Alcohol Use and Abuse"; Linda Beckman, "Alcoholism Problems and Women: An Overview" in Milton Greenblatt and Marc Shuckit, eds. Alcoholism Problems in Women and Children (New York: Grune and Straton)

¹⁴ Wilsnack and Wilsnack, "Sex Roles and Drinking Among Adolescent Girls," p. 1854; Edward Scott and Thomas Manaugh "Feminity of Alcoholic Women's Preferences on Edwards Parson's Preference Schedule," Psychological Reports, Vol 38 June 1976

as part of the performance of new roles. In Sharon Wilsnack's study, she found that women alcoholics with sex-role identity problems appeared to be traditionally feminine on the conscious level and exhibited unconscious masculine tendencies. Ms. Wilsnack concluded that women who are involved in traditional male activities may drink to feel more womanly.¹⁵

In Parker's study of the relationship between women's drinking and sex-role perception, he found somewhat different findings. He found that women alcoholics consciously exhibited masculine behaviors and were unconsciously feminine. Therefore, he concluded that women drink to enhance their ability to function in masculine roles.¹⁶

Scida and Vannicelli in their study, attempted to analyze the differences between Wilsnack's and Parker's study. They found that it is the existence of sex-role conflict that is related to alcohol misuse in women rather than the direction of the conflict.

Although our data do not consistently support the findings of either Wilsnack or Parker in terms of specific patterns of identification (either conscious or unconscious) likely to be found in women alcoholics, it corroborated the work of

¹⁵Sharon Wilsnack, "The Impact of Sex Roles on Women's Alcohol Use and Abuse."

¹⁶F. B. Parker "Sex-role Adjustment in Women Alcoholics," Quarterly Journal of the Study of Alcohol, Vol. 36, 1971, p. 649.

both investigators in underscoring the importance of conflict in women's misuse of alcohol.¹⁷

Further Scida and Vanicelli's report suggest that drinking reduces dissonance between actual and desired sexual images for alcoholics. Also, that identity conflict may be a general factor in alcoholism in women.

Other researchers, in trying to establish causes of alcoholism in women have studied the relationship between alcoholism in women and female physiological functionings, such as menstruation, childbirth, and menopause.

One such study, by Belfer and Shader found that of their sample of alcoholic women, 67 percent of the women still menstruating and 46 percent of the women no longer menstruating related their drinking to their menstrual cycles. These women indicated that their drinking began or increased in the premenstrum.¹⁸ Also, it has been discovered that women have higher blood alcohol levels during menstruation. This variability in blood alcohol levels is thought to be related to the menstrual cycle and changing sex hormonal levels.¹⁹

¹⁷John Scida and Marsha Vanicelli, "Sex-Role Conflict and Women Drinking," Journal of Studies on Alcohol, Vol. 40, January, 1979, p. 41.

¹⁸Myron Belfer and Richard Shader, "Premenstrual Factors as Determinants of Alcoholism in Women," in Milton Greenblatt and Marc Schuckit, eds. Alcoholism Problems in Women and Children, p. 99

¹⁹Ben Jones and Marilyn Jones, "Women and Alcohol: Intoxication, Metabolism, and the Menstrual Cycle," in Milton Greenblatt and Marc Schuckit, eds. Alcoholism Problems in Women and Children, p. 131

Linda Beckman gives little credence to the theory that female physiological functions are a cause of alcoholism in women. She states:

The finding of women alcoholics' increased drinking during the premenstrum may be inaccurate or distorted. Women alcoholic's may use the premenstrum as a convenient rationalization for heavy drinking.²⁰

Up to this point the literature review has been overwhelmingly on studies of white females. Where Blacks were sometimes included in studies reviewed to this point, they were usually male and their numbers insignificant. Now the author will review the limited number of studies on Black alcoholic populations. (A more detailed discussion of Black alcoholism in general will be dealt with in Chapter II.) It is important to note that most of the studies are on the Black male which findings have been generalized to the Black female. In fact, according to Marian Sandmaier, to date, not a single study exist which devotes itself entirely to the alcohol problems of nonwhite women.²¹ She further states:

Minority women are among the most disregarded and devalued groups in American society. Commonly viewed as a devalued

²⁰ Linda Beckman, "Reported Effects of Alcohol on Sexual Feelings and Behavior of Women Alcoholics and Nonalcoholic," Journal of Studies on Alcohol, Vol. 40, March, 1979, p. 280

²¹ Marian Sandmaier, The Invisible Alcoholics, (New York: McGraw-Hill Company, 1980) p. 145

group both within a race and a sex already considered secondary and inferior, when acknowledged at all, their blurred profiles are usually those of white women crossed with minority men.²²

It has already been established in the review of previous literature, that women usually turn to alcohol during times of stress. However, in her book The Invisible Alcoholics, Ms. Sandmaier acknowledged that although the stress of being doubly oppressed, both by their race and sex, Black women have more than their share of reasons to seek relief in alcohol, they are more likely than white women to abstain from alcohol.²³ One possible reason for this is suggested by Brenda Mitchell in her article "Treatment Approaches for Black Alcoholics," is that Blacks have a tendency to view alcohol abuse as a moral issue, whereby the drunk is seen as a sinner or good-for-nothing. Further, according to Ms. Mitchell, this assessment of the Black alcoholic makes treating him difficult since there is a tendency by the Black community to disassociate themselves from any involvement.²⁴

Other possible reasons for the abstenstion of the Black

²²Ibid, p. 144

²³Ibid, p. 145

²⁴Brenda Mitchell, "Treatment Approaches for Black Alcoholics," (unpublished report) Prepared for the Integrative Seminar in Comprehensive Health, Atlanta University, April, 1980.

female from alcohol is offered by Frederick Harper. In his study he found that 51 percent of the Black female population are likely to completely abstain from alcohol consumption. He gives four primary reasons why Black women are likely not to drink. (1) family responsibility and responsibility for keeping their drinking husbands and men out of trouble, (2) parental and religious teaching that "nice ladies" don't drink, (3) dislike of the bitter and dry tastes of various alcoholic beverages, and (4) the lack of access to liquor due to a tendency to stay at home as opposed to frequent exposure to drinking situations.²⁵

Contrary to Ms. Sandmaier's findings that Black females are more likely to abstain from alcohol drinking than their white female counterpart, is John Coney's findings that Black females have higher rates of alcoholism than white females.²⁶ However, in concluding, Coney did state that his figures did not take into account the possibility of closet drinking among white females or their use of private doctors or private hospitals.²⁷

Robert Strayer in his 1961 study of Black alcoholics

²⁵Frederick Harper, "Etiology: Why Do Blacks Drink?" in Harper, ed Alcohol Abuse and Black America, p. 36

²⁶John Coney, Exploring the Known and Unknown Factors in the Rates of Alcoholism Among Black and White Females, (San Francisco: R & E Research Associates, Inc. 1978) p. 1

²⁷ Ibid, p. 66

admitted to a treatment center in Connecticut, found that the females were generally middle-aged and although once married, were either separated or divorced. Also, the Blacks at the treatment center had poor educational backgrounds (48 percent with elementary education) and were of the lower socio-economic status. In comparison to her white counterpart, the Black female was heavily over-represented at the treatment center. Blacks, especially the women in Strayer's study, showed a strong motivation to achieve success through treatment particularly because alcoholism is looked upon as a falling from grace by the Black community, and also because most of the women were heads of their households and had domestic responsibilities to fulfill.²⁸ However, this contradicts a statement made earlier in the study by Ms. Mitchell. It's Ms. Mitchell's belief that the assessment of Blacks in a negative manner by his peers would make the treatment of him more difficult.²⁹

A symposium conducted by the Alcoholism Training Program of the Atlanta University School of Social Work, on "Black Alcoholism," has established that in comparison to whites, Blacks are more prone to alcoholism as a result of the stress

²⁸Robert Strayer, "A Study of the Negro Alcoholic, Quarter Journal of Studies on Alcohol, Vol. 22, 1961, p. 22

²⁹Mitchell, "Treatment Approaches for Black Alcoholics, p. 3

from racial tension. Moreover, racial oppression has created other oppressive social conditions which make Blacks more subceptible to alcoholism. In comparison to whites, Blacks physical condition at the point of treatment is more deteriorated as a result of their alcoholism. The ATP symposium also established that in terms of treatment, Black alcoholics cannot be viewed out of context of the total Black community.

...the treatment of the Black alcoholic must be placed in context of the development of the Black community. Depending on the direction of Black community change, alcoholism may increase or decrease. Thus, solutions to problems of racial and economic oppression have implications for the solution of Black alcoholism.³⁰

The available literature on female alcoholics has indicated that the number of women alcoholics is increasing, largely as a result of changes in society which allows women to choose more masculine roles, thereby causing confusion in sex-role identity. The literature has also indicated that women become alcoholic at a late age (middle-age), usually as a result of a physical crisis, such as menopause or hysterectomy, etc., or as a result of an emotional or psychological stressess, such as divorce or the death of a significant other.

³⁰The Alcoholism Training Program, School of Social Work, Atlanta University, "Black Alcoholism: Theory to Program Implementation," April, 1975

Further, it is evident that the literature available on Black female alcoholics is seriously lacking. As stated by Sandmaier, at present, there is no study that just deals with the Black female alcoholic, even though she is the most susceptible to becoming alcoholic because of her dual minority status, that of being Black and female. It is hoped that through the author's research and subsequent research on the Black female alcoholic, the Black female alcoholic will come to be better known and understood. Also, it is hoped that treatment programs will be developed and/or modified to address her special treatment needs.

Methodology

In collecting data concerning the problem and questions under investigation, several research techniques were used. Intensive effort was made to review all pertinent published and unpublished materials concerning the consumption patterns of females on the use of alcoholic beverages. Special effort was made to cover the limited amount of literature on Black alcoholics in the United States.

Raw data for this study were obtained by administering a survey questionnaire to eight Black female alcoholics at the Dekalb Addiction Clinic in Atlanta. The Dekalb Addiction Clinic is a public out-patient treatment facility that uses group therapy in treating its alcoholic patients. There are about 225 patients in treatment at the clinic, of which

90 are female and only eight are Black and female. The Dekalb Addiction Clinic had the largest population of Black female alcoholics in the Atlanta area. In fact, most alcohol treatment centers in Atlanta did not have any Black females in treatment.

To obtain her data, the author first obtained permission from the administrators at the Dekalb addiction clinic to administer her questionnaire to the Black female alcoholics in treatment. After receiving permission to administer the questionnaire, the author visited the clinic on days which the clients had their group sessions, briefly explained the general aims of the study and asked them to participate. If the client responded affirmatively, she was then given brief instructions as to how to fill out the questionnaire. In some instances, because the respondent was having difficulty in reading the questionnaire, the author assisted by answering questions. Anonymity was assured. There was 100 percent participation.

The questionnaire contained structured, closed ended questions which were designed by the writer of this paper. (See Appendix) The first section of the questionnaire consisted of questions on the social characteristics of the respondent. The second section consisted of questions on the frequency of use, drinking patterns and circumstances in which the respondents drank. The third and final section consisted of questions on the respondents' attitudes on certain social issues which may affect their drinking.

The questionnaire took between 15 and 20 minutes to complete.

Limitations of Study

This study is limited in that all socio-economic status, age groups, and educational levels were not represented at the Dekalb Addiction Clinic. In fact, the women in treatment were generally of a low socio-economic status, poorly educated, and early middle age. Therefore, the author's findings cannot be generalized to explain the behavior of other Black female alcoholics not in treatment. Also, because the Black female is generally underrepresented at alcohol treatment centers, it is doubtful that the patients at the Dekalb Addiction clinic are truly representative of the Black female alcoholic. However, the author's findings are certainly suggestive.

Finally, because of the limited amount of study on the Black alcoholic, the Black female alcoholic in particular, there is little basis for comparison of the findings of this study.

Organization of the Study

This study will be presented in four chapters. The first chapter contains the introduction, statement of the problem, purpose of the study, review of literature, methodology, limitations, and the organization of the study.

In Chapter Two, the author will discuss Blacks and alcohol. The author has decided to dedicated a whole chapter to alcoholism in Blacks so as to make a distinction between that of Black alcoholics and white alcoholics, in order that she may impress upon the reader that there are definite characteristical differences between the experiences of the two.

In Chapter Three, the author will present her data based on the survey questionnaire administered.

In the final chapter, Chapter Four, the writer will attempt to draw some conclusions based on her data and the information presented in previous chapters.

CHAPTER II

THE BLACK ALCOHOLIC

The Meanings of Alcohol to Black America

ALCOHOL helps Black Americans to weather the heat of the summer ghetto, the harsh "Hawk" of the cruel winter, the perennial bite of the roaming rat, and the endless days of being financially broke.

ALCOHOL is the joy juice which serves as a quasi-suicidal means of tuning out painful realities; it brings courage to the frightened and strength to the weak. It stimulates that mild high so necessary for a cool veneer. It is the social lubricant and overture to a sexual charade.

ALCOHOL helps Blacks to face "The Man"; to rap with the brother on the street and run the line down on the foxy sister; to boogie down and bump to dawn; to "forget" the bad and "remember" the good; to be somebody with high-priced scotch in one hand and a roll of green money in the other.

ALCOHOL to the Black community is that omnipresent catalyst that frees anxiety, jealousy, and anger; that causes one to act out in destroying that he loves or that he hates; that causes one to avenge the self from the lowest depth of insult in the only way he or she knows ---by assaulting, by fighting, by destroying.

ALCOHOL is that residue diagnosed in the Black veins and arteries of autopsied victims of homicides, rapes, robberies, accidents, and suicides; that abusive substance that precludes a natural death and facilitates an early funeral.

ALCOHOL is amalgamated into the emotional matrix of the love-hate, happy-sad, up-down seesaw syndrome that keeps Blacks in a quandary of confusion and powerlessness.

ALCOHOL keeps the Black man from going crazy in a castrating and racist world while simultaneously driving his woman up the wall. It prevents mental stress while causing distress. It makes one feel high at night and low at morning; strong like a king on Friday at dusk and weak like a pauper on Monday at Dawn.

ALCOHOL takes the man from his home and woman, the father from his family, milk from the baby, and lunch from the school child.

ALCOHOL to many Blacks is so necessary to pump life into a body and community of hopelessness and despair; so necessary for social intercourse, relaxation, partying, and psychological survival; so "good" but yet so "bad".

— Dr. Frederick D. Harper

Alcohol abuse among Blacks is a very serious problem. In fact it is the number one health problem in the black community.¹ Physically, there are basically no differences in the way Blacks and whites are affected by alcohol. Alcohol abuse has been associated with heart disease, and diseases of the muscular, digestive, and nervous system. Heavy drinking over months and years can slowly deteriorate the body until fatality results.² Even alcoholics who die natural deaths tend to die 10 years earlier than the average Americans.³ This is particularly serious for the Black American since his death rate is already several years higher than his white counterpart.

Sociologically speaking, however, there are some very real social and cultural differences in the way Blacks and whites respond to alcohol. For Blacks, alcohol abuse is more widespread and devastating in its negative consequences than for whites. It has been linked to over 50 percent of homicides, automobiles fatalities, family hardships, and physical assaults that include women and children.⁴ To

¹Frederick D. Harper, "Overview: Alcohol and Blacks," in Alcohol Abuse and Black America, Frederic Harper, ed. (Virginia: Douglass Publishers, Inc. 1976) p. 1

²Marvin A. Block, Alcoholism, (New York: The John Day Company, 1973) p. 50

³Alcohol and Health: New Knowledge. (Maryland: National Institute on Alcohol Abuse and Alcoholism, 1974) p. 10

⁴Harper, "Alcohol and Blacks" p. 2

understand alcoholism among Blacks, one must view the Black alcoholic within the context of his total Black experience.

Historically, Blacks have always had a problem with the use of alcohol. The drinking of alcoholic beverages emerged from the very beginning as a form of social intercourse, and a vehicle of communication among equals. Therefore, Blacks at one time were denied the use of alcohol in their social intercourse so as to establish social distance between blacks and whites. In 1619 when Blacks were introduced into the Virginia Colony as indentured servants, Virginia enacted a law against the excessive use of alcohol. With the status of Blacks as slaves made official in 1661, and with the steady increase of the Black population, laws were enacted to keep Blacks under control. However, according to Frederick Douglass, slaves were sometimes encouraged to drink heavily during their limited free time by slave owners so as to pacify them to keep them from escaping or even thinking about escaping.⁵

The historical annals are replete with laws prohibiting the use of alcohol, especially by Blacks. Of all the conditions imposed upon the liquor traffic, none were more important from a social standpoint than the prohibition of the sale of alcohol to Blacks.⁶ The most restrictive laws forbid the

⁵Frederick Douglass, Life and Times of Frederick Douglass. (London: Collier-Macmillan, 1962) p. 98

⁶John Larkins, Alcohol and the Negro: Explosive Issues. (N. Carolina: Record Publishing Company, 1965) p. 20

sale or use of alcohol by Blacks under any circumstances.

However, examples of more lenient laws which did not completely forbid the use of alcohol by Blacks are as follows:

- Slaves can only be sold liquor with their master's permission.
- Blacks can be sold rum or given strong liquors as a stimulant in relief of physical distress, or when prescribed by a doctor.
- Blacks can not participate in the manufacture or sale of alcoholic beverages.

Both northern and southern states attempted to control the use of alcoholic beverages by Blacks through law. Although the nature and types of laws may have differed from state to state, the general objective was the same. Often times the control of the use of liquor by slave masters was difficult because slaves were often able to earn money. "When the slave had money in his pocket, he was a potential buyer, and slave money was as good as the master's money."⁸ Also, slaves found other means of obtaining liquor.

The thirsty Negro would go into a cotton field and pick a sack of cotton worth a dollar, or take a bushel of corn from the nearest field and exchange it for a glass of whiskey.⁹

After slavery, and many of the laws regarding the sale of liquor to Blacks were relaxed, Blacks seemed to begin to

⁷Ibid. p. 67, 101, 200

⁸Ibid, p. 210

⁹Ibid, p. 218

drink excessively.

Since the (Blacks) have been denied whiskey in slavery, they gave full reign to their appetites in freedom. With little experience in self-control, they would spend their last piece of money for a drink of whiskey. ...Many of the Negroes spend half of their earnings for liquor.¹⁰

It can be speculated that because Blacks were denied alcohol for so long a period, then to suddenly have it available is the root cause of the excessive use of alcohol among Blacks. Blacks and the poor lifestyles and behaviors are still largely determined by a series of prohibitions and constraints either formally imposed or informally developed through economic deprivations. They are so used to external influences controlling their lives that there is little motivation to develop internal constraints, particularly with alcohol consumption where outside control has been historical trend.¹¹

Recent research has indicated that Blacks continue to either drink heavily or not at all. Unlike whites, Blacks usually do not drink moderately.

Moral condemnation for any use of alcohol has led to an all-or-none atmosphere in many Black communities where the use of alcohol is regarded as sinful, and there is no middle

¹⁰Ibid, p. 216

¹¹Peter Bourne, "Alcoholism in Urban Black Population," in Alcohol Abuse and Black America, Frederick Harper, ed. (Virginia: Douglass Publishers, Inc., 1976)

ground where moderate drinking patterns can be learned and accepted.¹²

Other ethnic and cultural drinking patterns which are peculiar to Black Americans, include:

1. Drinking heavily only on weekends..

Drinking among the Black urban poor is strongly identified as a weekend phenomenon geared to alleviating the stresses of the previous week. In part, the pattern is reinforced by the fact that paychecks are received on Friday afternoons, and despite the inclination of the individual, he may just not have had the funds earlier in the week. Excessive drinking to the point of intoxication on a regular weekend basis is not viewed as a deviant. Many individuals begin drinking off and on until Sunday morning when they¹³ begin the sobering-up process for Monday.

2. Drinking among Blacks is not of the skid-row form. There is a "bottle sharing" culture among Blacks. However, once the "sharing" is completed, they disperse and go home or to other parts of the community and thus cannot be classified as skid-row.¹⁴

3. Blacks tend to place high prestige on the type of liquor they consume. There is a type of "Chivas Regal" syndrome among them.¹⁵ A survey indicated that 34 percent

¹²Ibid, p. 42

¹³Ibid, p. 41

¹⁴The Alcoholism Training Program, School of Social Work, Atlanta University, "Black Alcoholism: Theory to Program Implementation," April, 1975 p. 21

¹⁵Ibid, p. 21

of the Black middle-class men drank scotch, compared to 21 percent of the white male population. This suggests that the kind of alcohol consumed is still a means of expressing one's status for Blacks.¹⁶

4. Blacks do not tend to identify with the term alcoholic and do not reconize alcoholism as a progressive disease. Rather, a person with a drinking problem is thought to be a drunkard. He is only viewed as an alcoholic when the disease reaches its final stages. "Drinking heavily on more than social occasions is viewed as a way of life --- a relief to the frustrations of inner city life, the lack of work, lack of job skills, lack of educations, etc."¹⁷

5. Blacks tend to seek formal or institutionalized treatment as a last resort after more personal resources have failed. They initially seek the assistance of their family, friends, or church, etc. This is because of a tradition among Blacks to take care of their own.¹⁸

As indicated in the previous chapter, theories on the causes of alcoholism in Blacks are largely based on research of white alcoholic populations. Black Americans differ in

¹⁶Bourne, "Alcoholism in Urban Black Population," p. 42

¹⁷"The Black Alcoholic," Published by Metropolitan Atlanta Council on Alcohol and Drugs. 1980 p. 3

¹⁸ATP, "Black Alcoholism" p. 22

their drinking behavior because their history, culture, behavior, and economic status all differ from that of traditional white America.¹⁹ Researchers who have attempted to determine the causes of alcoholism in Blacks have come up with internal theories of alcoholism. These theories blame the alcoholic for his condition instead of looking at external factors or cultural factors outside the person. In developing a sociological theory towards the causes of alcoholism, one must take into account the attitudes, beliefs, and values, of a given culture and how conditions in society contribute to the rates of alcoholism among Blacks often arises as a result of having to develop two sets of survival skills: one of a Black culture and another for the larger dominate white culture.

"The situation and experiences resulting from a dual existence in two interdependent yet conflicting worlds have implications for Black people in general and Black alcoholics in particular.²⁰ Further Dr. Coggins states:

In American society, it is generally acknowledged that all people use alcohol differently at times of stress. If we determine that the inability to cope with certain degrees of stress is one major cause of alcoholism, we are then mandated to examine some of the stress experienced by Black Americans.

¹⁹Frederick Harper, "Etiology Why Do Blacks Drink" in Alcohol Abuse and Black America, Frederick Harper ed., p. 29

²⁰Patrick C. Coggins, "A review of Drinking Behavior Among Blacks," (unpublished report), June 1980. p. 2

. . .The condition of Black American are such that whatever set of sociometric indices are used, Blacks fair less equally than white Americans. National measures of income, health, life expectancy, public safety, education, etc. all indicate a continuing disparity between the two racial groups.²¹

Dr. Frederick Harper has developed theories as to the causes of alcoholism among Blacks, that take into consideration sociological, economic, historical and psychological factors which may influence drinking. His first theory considers that the historical patterns of alcohol use and nonuse by Blacks influence their current drinking practices. Dr. Harper asserts that the drinking practices of Blacks today resemble that of their forefathers. For example, according to Harper, heavy weekend drinking was firmly established as an ethnic pastime after slavery when there were greater drinking freedoms. Also, as stated previously, according to Frederick Douglass, some slave masters encourage their slaves to drink to prevent them from escaping while other masters and larger society discouraged alcohol use among Blacks. This, according to Harper led to a sense of ambivalence and confusion which to date has cause Blacks to choose either of two extremes, to drink heavily or not at all.²²

Secondly, Harper believes that Blacks drink because liquor

²¹Ibid, p. 2

²²Harper, "Etiology: Why Do Blacks Drink?" p. 31

stores are readily accessible and because of peer group pressure. Liquor stores are commonly found in Black residential areas and communities. They are located close to Black churches, hospitals, schools, homes, and recreational parks. The liquor industry has been interwoven into the fabric of Black life and it has no regard for the social impact of people who live among them.

In many Black communities, drinking is the expected activity of almost any social gathering. For the Black male especially, drinking is a symbol of mutual friendship, manhood, authority, and status. According to McClelland, (as quoted by Harper) Black men drink to gain a sense of power and masculinity due to their diminished responsibility in many female-dominated Black families. Blacks who do not drink heavily, or who abstain completely from alcohol, are looked upon with suspicion or rejection. "To refuse an offer of a drink or to refuse additional liquor is to refuse the person or the group that offers the drink."²³

Thirdly, according to Harper, Blacks drink heavily because of the economic frustration of not being able to get a job or fulfill financial responsibilities. Liquor sometimes provides a shield between the Black male and his struggle to project a worthy male image.

²³Ibid, p. 34

Black men are often driven to drink because of that inability to find a job, to keep a steady job that provides some economic security and stability for themselves and their families; the inability to get regular money and income in fulfilling their roles as men in money-conscious America.

. . . Unemployment, underemployment, and unstable employment create frustration on the part of the Black male who finds it so hard to be a man in male-oriented America. A lack of sure money and a lack of job pride create a sense of powerlessness and nothingness which easily lends to drinking as one definite way²⁴ of escaping one's hardships and misery.

Finally, according to Harper, numerous emotions and motivations cause heavy drinking among Black Americans in their attempt to escape unpleasant feelings or to fulfill psychological needs.

Racism and racial discrimination are primary influences on Black American behavior, causing many Blacks to seek out drinking as a means of trying to achieve happiness and well-being or trying to escape unpleasant feelings²⁵ or forget shocking negative experiences.

During segregation and when Blacks were blatantly kept out of society's mainstream of social and professional opportunities and activities, drinking became a means of recreation and a way of satisfying unmet psychological needs.²⁶

In conclusion, it is important to again note that drinking and alcoholism among Blacks is a unique phenomenon with ethnic peculiarities. In order to reach a clear

²⁴Ibid, p. 34

²⁵Ibid, p. 35

²⁶Ibid, p. 36

understanding of alcoholism among Blacks one must view it within the context of the total Black experience. Just as Blacks have acquired ethnically peculiar dressing, eating, dancing, speaking and even sexual patterns, they have also acquired drinking patterns that are unique. Most of the material discussed in this chapter has dealt with Black male populations which were generalized to explain Black female alcoholics' behavior. As already pointed out, female alcoholics differ from male alcoholics in several respects. Therefore, much more research is needed to reach clear understanding of the Black female alcoholic and her special needs.

CHAPTER III

PRESENTATION OF DATA

The data which will be presented in this chapter will be organized into three general categories. The first category consists of social and economic background data. The second category will consist of data on the frequency of alcohol use, drinking patterns, and the circumstances under which the respondents drink. The third category of data presented concerns the respondent's attitudes on issues which may affect their drinking.

Social and Economic Background

All of the respondents in this survey were female and Black. Their ages ranged from twenty-seven to fifty-one. Table I indicates the exact chronological distribution of the respondents' ages. The mean age of the respondents is 40.7. Over fifty percent of the respondents are over thirty-five years of age which places over half of the women in the pre-middle to middle age category.

All of the respondents are currently living in Atlanta, however, three of the women are originally from other states. Of those three, only one respondent is originally from the

TABLE I
AGE DISTRIBUTION OF RESPONDENTS

Age	Number	Percent
24 and under	0	0
25 - 29	1	12.5
30 - 34	1	12.5
35 - 39	2	25.0
40 - 44	2	25.0
45 - 49	0	0
50 - 54	2	25.0
55 and over	0	0
TOTAL	8	100.0

TABLE 2
DISTRIBUTION OF RESPONDENTS BY MARITAL STATUS

Marital Status	Number	Percent
Single	0	0
Married	2	25.0
Separated	3	37.5
Divorced	2	25.0
Widowed	1	12.5
TOTAL	8	100.0

North. The other two are from other southern states.

Table 2 indicates the marital status of the respondents. None of the women are single. Only 25 percent of the respondents are actively married. The other 75 percent of the women are either separated, divorced, or widowed.

Table 3 points out the educational attainment of the respondents. Half of the respondents have at least completed high school. In fact, one respondent has even had some college or vocational training. The next large group, 3 or 37.5 percent are at the elementary level between kindergarden and sixth grades, and only 1 female or 12.5 percent is at the junior high school education level.

TABLE 3
DISTRIBUTION OF RESPONDENTS BY GRADE LEVEL COMPLETED

Grade Level	Number	Percent
Elementary (0-6 yrs.)	3	37.5
Did not complete Jr. High (7-8 yrs.)	1	12.5
Did not complete High School (9-11 yrs.)	0	0
Completed High School or GED (12 yrs.)	3	37.5
Some college or vocational (13-15 yrs.)	1	12.5
Graduated College (16 yrs.)	0	0
TOTAL	8	100.0

TABLE 4
DISTRIBUTION OF RESPONDENTS ENGAGED IN EMPLOYMENT

Responses	Number	Percent
Employed	4	50.0
Unemployed	4	50.0
TOTAL	8	100.0

The fact that half of the women or fifty percent were employed raises some questions. How were the respondents coping with the day to day pressures of the work world in their alcoholic state? Or, were the pressures of the work world a symptom of their alcoholism? On the other hand, the fact that half of the respondents were unemployed is consistent with the figures in Table 3 which show that 50 percent of the respondents have less than a high school education.

The figures in Tables 5 and 6, showing the occupations and annual family income levels of the respondents, indicate that the majority respondents, 87.5 percent are a product of a "culture of poverty" or at least near poverty. Only one of the respondents has a family income level that would be representative of a middle class status. Two of the women however, indicated that they have occupations on the

professional level. It is important to note that the author, in designing the questionnaire, mistakenly omitted the semi-professional category.

TABLE 5
DISTRIBUTION OF RESPONDENTS BY OCCUPATIONAL LEVELS

Occupation	Number	Percent
Clerical	1	25.0
Domestic	0	0
Manager, Administrator	0	0
Professional, Technical	2	50.0
Waitress/Beautician	1	25.0
TOTAL	4-50%	100.0

TABLE 6
DISTRIBUTION OF RESPONDENTS BY ANNUAL FAMILY INCOME

Income	Number	Percent
Below \$4,999	5	62.5
\$5,000 - 9,999	2	25.0
\$10,000 - 14,999	0	0
\$15,000 - 19,999	1	12.5
\$20,000 and above	0	0
TOTAL	8	100.0

Tables 7 and 8 indicate the degree of independence of the respondents. Fifty percent of the respondents are self-supporting. Of the other fifty percent, three respondents, or 37.5 percent receive some form of governmental aid; and only one respondent was supported by her spouse or family.

As can be seen in Table 8, five of the respondents, or 62.5 percent are the primary individuals or heads of their households. Twenty-five percent of the respondents are the wives of the head, and only one female is the child of the head.

TABLE 7
DISTRIBUTION OF RESPONDENTS BY MEANS OF SUPPORT

Responses	Number	Percent
Self-supporting	4	50.0
Governmental Aid	3	37.5
Supported by spouse or family	1	12.5
TOTAL	8	100.0

Surprisingly, 50 percent of the women did not have any children. Twenty-five percent had one or two children; 12.5 had between six and eight children; and 12.5 had as many as between nine and eleven children.

TABLE 8
DISTRIBUTION OF RESPONDENT'S RELATIONSHIP TO HEAD

Relationship	Number	Percent
Primary Individual	5	62.5
Wife of Head	2	25.0
Child of Head	1	12.5
Relative Head	0	0
Not Related to Head	0	0
TOTAL	8	100.0

TABLE 9
DISTRIBUTION OF RESPONDENTS BY NUMBER OF CHILDREN

Number of Children	Number	Percent
None	4	50.0
1 - 2	2	25.0
3 - 5	0	0
6 - 8	1	12.5
9 - 11	1	12.5
12 or more	0	0
TOTAL	8	100.0

Table 10 reveals the religious affiliation of the respondents. Seventy-five percent of the respondents are of the Protestant religion. Of the six protestants, five, or 62.5 percent are of the Baptist faith and the other protestant is of the Church of Christ faith. One respondent was catholic, and the other female did not indicate a religion.

TABLE 10
DISTRIBUTION OF RESPONDENTS BY RELIGIOUS AFFILIATION

Religion	Number	Percent
None	0	0
Protestant	6	75.0
Baptist - 5		
Church of Christ - 6		
Catholic	1	12.5
Muslim	0	0
Other	1	12.5
TOTAL	8	100.0

Table 11 reveals that 25 percent of the respondents attend church more than once a week; 12.5 percent attend church approximately once a week; 37.5 percent attend church once every other month; and 12.5 percent have not attended church at all this year.

TABLE 11
DISTRIBUTION OF RESPONDENTS BY CHURCH ATTENDENCE

Attendance	Number	Percent
More than once a week	2	25.0
About once a week	1	12.5
2 - 3 times a month	1	12.5
About once every other month	3	37.5
Once or twice a year	0	0
Not at all this year	1	12.5

The data presented in this section of Chapter 3 clearly indicates that the respondents were generally of the low economic status, who had not had an extensive formal education, and held low, semi-skilled and technical kinds of jobs. Additionally, although five of the respondents, or 62.5 percent were the heads of their households, only four of them, or fifty percent were self-supporting. The other fifty percent either received governmental aid, or was supported by a spouse or family. Only half of the respondents were mothers.

Frequency, Consumption Patterns, and Circumstances Associated with Alcohol Use

In this section of Chapter 3, data will be presented on the frequency, consumption pattern, and circumstances associated with alcohol use of the female alcoholics that participated in the study.

Table 12 indicates the length of time the respondents have had their drinking problem. The majority of the respondents, 62.5 percent, have had their drinking problem over eight years. Twelve and one half percent has had a drinking problem between six and eight years; 12.5 percent has had a drinking problem between three and five years; and 12.5 percent has had a drinking problem for only one or two years.

TABLE 12
DISTRIBUTION OF RESPONDENTS BY LENGTH OF DRINKING PROBLEM

Number of years	Number	Percent
1 - 2 years	1	12.5
3 - 5 years	1	12.5
6 - 8 years	1	12.5
9 - 11 years	2	25.00
12 or more years	3	37.5
TOTAL	8	100.0

Table 13 indicates that 12.5 percent of the respondents' first drinking experience fell within 11-13 years of age; 37.5 percent fell within the 14-16 year interval; and 27.5 percent fell within interval 17-19 years. One respondent could not remember the age at which she started drinking. Although one of the respondents started drinking before the

age of fourteen, the majority of the respondents had their first drink at the age when most teenagers began to drink.

Table 14 reveals the number of respondents who had parents that also drank. Seventy-five percent indicated that their parents drank and only twenty-five said that their parents did not drink.

TABLE 13
DISTRIBUTION OF RESPONDENTS BY FIRST DRINKING EXPERIENCE

Age	Number	Percent
Can't remember	1	12.5
Under 10 years	0	0
11 - 13 years	1	12.5
14 - 16 years	3	37.5
17 - 19 years	3	37.5
20 or older	0	0
TOTAL	8	100.0

Table 15 reveals that 37.5 percent of the respondents didn't have any relatives with drinking problem; 12.5 had just a father with a drinking problem, but 25 percent had a father and some other relatives with a drinking problem; 12.5 percent had a sister with a drinking problem; and 12.5 percent had a brother and a husband with a drinking problem.

TABLE 14

DISTRIBUTION OF PARENTS OF RESPONDENTS THAT DRINK

Responses	Number	Percent
Yes	6	75.0
No	2	25.0
TOTAL	8	100.0

TABLE 15

DISTRIBUTION OF RESPONDENTS BY DRINKING PROBLEMS OF OTHER FAMILY MEMBERS

Family Members	Number	Percent
None	3	37.5
Mother	0	0
Father	1	12.5
Sister	1	12.5
Brother		
Husband		
Other relative		
Brother and Husband	1	12.5
Father and Other relative	2	25.0

Tables 16 and 17 reveal the frequency and amount of alcoholic beverages used. Seven of the respondents, or 87.5 percent indicated that they used alcohol daily. Only one respondent indicated that she used alcohol only three or

four days a month. This respondent also indicated that she was a binge drinker and only at certain times.

Seventy-five percent of the respondents take 12 or more drinks at one sitting; 12.5 percent took between 9 and eleven drinks; and 12.5 took between 3 and 5 drinks.

TABLE 16

DISTRIBUTION OF RESPONDENTS BY FREQUENCY OF DRINK

Frequency	Number	Percent
Daily	7	87.5
3 - 4 days a week	0	0
Weekends only	0	0
3 - 4 days a month	1	12.5
Once a month	0	0
TOTAL	8	100.0

TABLE 17

DISTRIBUTION OF RESPONDENTS BY AMOUNT OF DRINK

Amount	Number	Percent
12 or more drinks	6	75.0
9 - 11 drinks	1	12.5
6 - 8 drinks	0	0
3 - 5 drinks	1	12.5
2 - 4 drinks	0	0
one drink	0	0
TOTAL	8	100.0

The next table, Table 18, indicates the various types of setting in which the respondents most often drink.

TABLE 18
DISTRIBUTION OF RESPONDENTS BY SETTINGS IN WHICH THEY DRINK

Settings	No	Sometimes	Frequently	Often
Party or Social Gathering	12.5	37.5	12.5	37.5
Home on Special Occasions	0	12.5	12.5	75.0
Dinner with the family	25.0	62.5	0	12.5
Night Club, disco, restaurant	25.0	25.0	0	50.0
Breakfast	25.0	37.5	0	37.5
Lunch	25.0	37.5	12.5	25.0
Alone	0	0	12.0	75.0
During menstrual period	0	50.0	0	50.0
To relieve menopause stress	37.5	25.0	0	37.5
When depressed or frustrated	0	12.5	0	87.5

According to the figures in Table 18, 87.5 percent of the respondents drink when depressed or frustrated; 75 percent drink at home on special occasions or holidays and alone when no one else is around; 50 percent drink at a night club, disco, or restaurant, and during their menstrual periods to help relieve stress. The data overwhelmingly supports other researchers findings that women drink when depressed or frustrated, and to help relieve the stress of their menstrual period.

Table 19 points out that the majority of the respondents, 75 percent are pressured by their peers to drink. In fact, 62.5 percent are pressured by friends to drink often. Only two respondents, or 25 percent indicated that they were never pressured by friends to drink.

TABLE 19
DISTRIBUTION OF RESPONDENTS BY PEER PRESSURE TO DRINK

Responses	Number	Percent
Never Pressured	2	25.0
Once or twice	0	0
Several times	1	12.5
Often	5	62.5
TOTAL	8	100.0

On the other hand, 50 percent of the respondents were sometimes pressured by their friends to abstain from drinking.

TABLE 20
DISTRIBUTION OF RESPONDENTS BY PEER PRESSURE TO ABSTAIN
FROM ALCOHOL

Responses	Number	Percent
Yes	4	50
No	4	50
TOTAL	8	100

Typically, all of the respondents have at least one or two friends that drink. Table 21 points out the exact distribution. As indicated, 12.5 percent have one or two friends that drink; 25 percent have several friends that drink; 37.5 percent indicated that most of their friends drink; and 25 percent said that all of their friends drink.

TABLE 21
DISTRIBUTION OF RESPONDENTS WITH FRIENDS THAT DRINK

Responses	Number	Percent
None	0	0
One or two	1	12.5
Several	2	25.0
Most	3	37.5
All	2	25.0
TOTAL	8	100.0

The next table, Table 22 reveals various incidents that have resulted from the respondents drinking. Seventy-five percent of the respondents have been in trouble at work before as a result of their drinking; 37.5 percent have had misunderstandings with friends as a result of alcohol; 25 percent have had alcohol related automobile accidents; 62.5 percent have been criticized because of their drinking; 37.5 percent have been in trouble with the police when drinking; and 87.5 percent have forgotten their actions

TABLE 22

DISTRIBUTION OF RESPONDENTS BY ALCOHOL RELATED INCIDENTS

Incidents	Never Happened	Sometimes	Frequently	Often
Trouble at Work	25.0	25.0	37.5	12.5
Misunderstandings with friends	62.5	12.5	0	25.0
Automobile accidents	75.0	12.5	0	12.5
Criticized	37.5	12.5	12.5	37.5
Trouble with police	62.5	12.5	12.5	12.5
Fortotten actions	12.5	0	0	87.5

when under the influence of alcohol. It is clear from Table 22 that alcohol has had some negative impacts on the lives of the respondents.

Table 23 reveals the respondents's assessment of the impact drinking has had on their lives. Seven of the eight respondents, or 87.5 percent believed that alcohol had been quite a serious problem to them in the last year. Only one respondent indicated that drinking was not a problem to her in the last year. She explained that she had not had a drink in over 10 months.

TABLE 23

DISTRIBUTION OF RESPONDENTS BY IMPACT OF ALCOHOL ON THEIR LIVES

Impact	Number	Percent
Alcohol not a problem	1	12.5
Mild Problem	0	0
Considerable Problem	0	0
Serious Problem	7	87.5
TOTAL	8	100.0

The data presented in this section of Chapter 3 indicate that when drinking, the respondents drink large amounts of alcohol daily. Also, many of their close friends drink and often pressure them to drink. The respondents typically drink on special occasions, when alone, when depressed or frustrated, and to help relieve menstrual stress. Further, the respondents indicated that alcohol has affected their lives socially, and has been a considerable problem to them.

Attitudes and Issues which May Affect the Respondents Drinking

In this section, the author has recorded the respondent's attitude(s) on certain issues, and the degree of importance of the issue to the respondent.

Table 24 shows that at least 50 percent of the respondents all felt that getting married or being married, having or raising children, being a good wife or mother, being successful at a job or career, being equal to males, and being independent was very important. However, 25 percent felt getting married or being married was not important; 37.5 percent felt that having or raising children was not important; 37.5 percent felt that being a good wife and mother was not important; 12.5 percent felt that being successful at a job or career was not important; 25 percent felt that being treated equally to males was not important; and 12.5 percent felt that being independent was not important.

TABLE 24

DISTRIBUTION OF RESPONDENTS BY ATTITUDES ON CERTAIN ISSUES

Issues	Very Important	Important	Slightly Important	Not Important
Getting married	62.5	0	12.5	25.0
Having children	50.0	0	12.5	37.5
Good wife and mother	50.0	0	12.5	37.5
Successful at job	62.5	0	12.5	12.5
Equal to male	50.0	12.5	12.5	12.5
Being independent	75.0	12.5	12.5	12.5

All eight of the women were heterosexual.

TABLE 25

DISTRIBUTION OF RESPONDENTS BY SEXUAL PREFERENCE

Sexual Preference	Number	Percent
Heterosexual	8	100
Bisexual	0	0
TOTAL	8	100

The following data will be based on the responses of seven females instead of eight. The last sheet of the questionnaire was mistakenly omitted off of one of the surveys and went undetected by the author.

Table 26 reveals the respondents' attitudes towards the female liberation movement. Only one respondent or 14.3 percent was strongly for it; 28.6 percent were for female liberation; 42.8 percent didn't care one way or another; and 14.3 percent was strongly against it.

Two respondents, or 28.6 percent indicated that their position on female liberation causes them anxiety; 71.4 percent indicated that it did not. (Table 27)

Similarly, one respondent, 14.3 percent indicated that her anxiety toward female liberation affected her drinking; 85.7 percent said that it did not affect their drinking. (Figures in Table 28)

TABLE 26
DISTRIBUTION OF RESPONDENTS BY POSITION ON FEMALE LIBERATION

Position	Number	Percent
Strongly for it	1	14.3
For it	2	28.6
Doesn't matter	3	42.8
Against	0	0
Strongly against it	1	14.3
TOTAL	7	100.0

TABLE 27

DISTRIBUTION OF RESPONDENTS BY ANXIETY OVER POSITION ON
MOVEMENT

Anxiety	Number	Percent
Yes	2	28.6
No	5	71.4
TOTAL	7	100.0

TABLE 28

DISTRIBUTION OF RESPONDENTS BY WHETHER POSITION AFFECTS
THEIR DRINKING

Responses	Number	Percent
Yes	1	14.3
No	6	85.7
TOTAL	7	100.0

Only two respondents, 28.6 percent indicated that they had ever been victimized by racial discrimination. Also, to the question, Does the fact that Blacks do not have the same social, economic, and political opportunities as whites have any effect on your drinking?, all of the respondents responded negatively.

TABLE 29

DISTRIBUTION OF RESPONDENTS BY RACIAL DISCRIMINATION EXPERIENCES

Discriminating Experiences	Number	Percent
Yes	2	28.6
No	5	71.4
TOTAL	7	100.0

TABLE 30

DISTRIBUTION OF RESPONDENTS BY EFFECT OF DISCRIMINATION ON DRINKING

Effect Drinking	Number	Percent
Yes	0	0
No	7	100
TOTAL	7	100

The data presented in this section of Chapter 2 clearly indicated that the respondents have relatively traditional roles. They do not feel very strongly about the female liberation movement therefore, it does not have much of an effect on their drinking. Further, the data indicates that the respondents do not feel that they were ever discriminated against racially. This the author questions. It could be that because of their alcoholism, they are

oblivious to other situations in their environment.

CHAPTER IV

SUMMARY AND CONCLUSIONS

At the beginning of this study, the author indicated the questions and problems which she intended to address in this study. Now for the convenience of the reader, the author will restate the questions under investigation and briefly restate her findings. What are the demographic, social and psychological characteristics of Black females at the Dekalb Addiction Clinic? What are their drinking patterns and the situations in which they use alcohol?

Major Demographic Findings

The respondents who participated in this study were all Black and female. Their ages ranged from twenty-seven to fifty-one. Seventy-five percent were over the age of thirty-five.

All of the respondents, with the exception of one, who was originally from the North, were born in the South. All however, are currently living in Atlanta.

All of the respondents were once married. Only 25 percent however, were still married and living with their spouse at the time of the survey.

Only fifty percent of the respondents had high school educations. Of the other half, 37.5 percent had elementary educations and 12.5 percent had a junior high education.

Fifty percent of the respondents were employed and self-supporting. However, 62.5 percent were the heads of their households. The other 37.5 percent were either the wife or child of the head.

The annual family income levels of the respondents ranged from below \$4,999, 62.5 percent, to between \$15,000 and 19,999, 12.5 percent. Twenty-five percent had an annual family income between \$5,000 and 9,999.

Fifty percent of the respondents had no children. The other fifty percent had anywhere from one to eleven children.

The majority of the respondents, 75 percent, were of the Baptist denomination. They attended church a bit irregularly. Fifty percent of the respondents attended church two or three times a month to once every other month. Two of the respondents attended church at least once a week, and one respondent had not attended church at all this year.

Major Drinking Patterns and Social Circumstances

Seventy-five percent of the respondents have had their drinking problem for at least six years. Further, 62.5 percent have other family members who also have drinking problems.

The majority of the respondents drink large amounts (9 or more drinks) daily.

As could be expected, most of the respondents have friends that drink and that often pressure them to drink.

Consistent with other researchers' findings, the respondents most often drank at home on festive occasions, (75 percent); at night clubs, discos and restaurants, (50 percent); when alone, (75 percent); during their menstrual period to relieve stress, (50 percent); and when depressed or frustrated, (87.5 percent).

In terms of the negative social impact drinking has had on the respondents' lives, the majority of them have at one time or another been in trouble at work as a result of drinking, have been criticized for drinking, or have forgotten their actions as a result of drinking. Some of the respondents have even had misunderstandings with friends, had automobile accidents, or been in trouble with the police. Almost all of them admitted that alcohol was a serious problem for them.

Sociological and Psychological Factors

The majority of the respondents believed that getting married, raising a family and being a good wife and mother was important. The majority also felt however, that being successful at a career, being equal to males, and being independent was also important.

There was no majority either for or against the female liberation movement. In fact, the largest percentage 42.8, indicated that female liberation didn't matter to them.

Most of the respondents indicated that they did not believe that they had been victims of racial discrimination.

CONCLUSION

In conclusion, it would be less than scientific to regard the data contained in this study as more than suggestive since the Black female alcoholics at the Dekalb Addiction Clinic could not be considered as representative of the larger Black female alcoholic population. However, certain patterns of behavior and certain sociological attitudes towards sex-role identity can be determined.

The fact that the larger number of women surveyed were over 35 years of age indicates that they are in the pre-menopausal to menopausal life stage. According to studies done by other researchers, which were discussed in the literature review of this study, menopause is a particularly stressful period characterized by feelings of inadequacy and sex-role confusion. Also, although most of the women designated being a good wife and mother as important, only half of the women had children and only one fourth were married. Further, although most of the women thought that being successful at a career, being equal to males, and

being independent is important, only one was strongly behind the female liberation movement. This further suggests that a conflict in female role identification.

Finally, although the women indicated that they had not been discriminated against racially, and although they also indicated that the fact that Blacks do not enjoy equal social, economic and political opportunities as whites, has no effect on their drinking, seems questionable. The fact that half of the women have less than a junior high education, and the other half only a high school education; the fact that the women have low and semi-skilled typed occupations; and the fact that only one respondent has a combined family annual income that could be considered above poverty, suggests to this author that the respondents are indeed victims of discrimination; if not racially, then certainly economically. ~~Their lower class existence,~~ though oblivious in its effect to the respondents, probably has a profound effect on their drinking.

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APPENDIX A

Dear Participant:

I am conducting a special project to study the social characteristics and drinking patterns of the Black female alcoholic in Atlanta. I hope that this knowledge will benefit the Black female alcoholic by helping us to understand her special needs.

I am asking you to help me by participating in this study and answering some questions about your drinking habits and patterns.

Any information you give me will be held in strict confidence. Information which identifies you as an individual will not be released to anyone not directly related to this study without your consent. It is not expected that you will experience any discomfort or risk in this project. Also, the project will not benefit you directly, but it is hoped that it will increase our understanding of human behavior and thus benefit people indirectly.

Taking part in this project is completely voluntary. Whether or not you choose to take part will not affect any regular services or benefits available to you.

Sincerely,

Timotea A. Sanchez

1. Date of Birth _____

2. Please indicate your age group.

_____ 20-24	_____ 45-49
_____ 25-19	_____ 50-54
_____ 30-34	_____ 55-59
_____ 35-39	_____ 60-64
_____ 40-44	_____ 65 and older

3. Place of Birth _____

4. Present residence _____
city state

5. Marital Status
_____ Single _____ Married _____ Separated _____ Divorced
_____ Widowed

6. Please indicate the highest level of education you have completed

_____ Elementary education (0-6years)
_____ Did not complete junior high school (7-8years)
_____ Did not complete high school (9-11years)
_____ Completed High School or GED (12 years)
_____ Some College or vocational training after High School (13-15yrs)
_____ Graduated college (16 years)
_____ Some Graduate or other training after college
_____ Graduate degree (includes masters, doctors, medical, law, etc.)

7. Are you presently
_____ employed
_____ Unemployed
_____ Homemaker

8. If employed, please put an (X) by the answer which best describes the type of work you do.

_____ Clerical
_____ Domestic, other than own household
_____ Manager, Administrator
_____ Professional, technical (accountant, registered nurse, professor, teacher, etc.)
_____ Lawyer
_____ Doctor
_____ Waitress/Beautician
_____ Other

9. Please indicate your religion.

_____ None _____ Muslim
_____ Protestant; Denomination _____ Other
_____ Catholic

10. How many times have you attended religious services during the last year?
_____ More than once a week _____ About once every other month
_____ About once a week _____ Once or twice a year
_____ 2 3 times a month _____ Have not gone to religious services this year
11. Are you presently
_____ self-supporting
_____ receiving governmental aide (welfare, social security, etc.)
_____ supported by spouse or family
12. How much money do you earn annually?
_____ Less than \$4,999 _____ 15,000 - 19,999
_____ 5,000 - 9,000 _____ 20,000 and over
_____ 10,000 - 14,999
13. What is the total income of all family members in your household?
_____ Less than \$4,999 _____ 15,000 - 19,999
_____ 5,000 - 9,999 _____ 20,000 and over
_____ 10,000 - 14,999
14. What is your relationship to the head of the household?
_____ primary individual (Head of household or living along
_____ wife of head of household
_____ child of head of household
_____ rrelative of head of household
_____ not related to head of household
15. How many children do you have?
_____ None
_____ 1 - 2
_____ 3 - 5
_____ 6 - 8
_____ 9 - 11
_____ 12 or more
16. How long have you had a drinking problem?
_____ 1 - 2 years _____ 9 - 11 years
_____ 3 - 5 years _____ 12 or more years
_____ 6 - 8 years
17. How old were you when you had your first drink?
_____ Can't remember _____ 14 - 16 years
_____ Under 10 years _____ 17 - 19 years
_____ 11 - 13 years _____ 20 or older
18. Are your parents presently
_____ living
_____ deceased

Don't Drink
in this setting Sometimes Frequently Most of
the time

_____	_____	_____	_____	At a night club, disco, or restaurant
_____	_____	_____	_____	At breakfast
_____	_____	_____	_____	During lunch
_____	_____	_____	_____	Alone when on one else is around
_____	_____	_____	_____	During menstrual period to relieve stress or tension
_____	_____	_____	_____	To help relieve the stress menopause
_____	_____	_____	_____	Drink when depressed or frustrated

27. Do you feel that your friends pressure you to drink?

_____ Never	_____ Several times
_____ Once or twice	_____ Often

28. Do any of your friends pressure you to abstain from drinking?

_____ Yes
_____ No

29. How many of your close friends drink at least sometimes?

_____ None	_____ Most of them
_____ 1 or 2	_____ All of them
_____ Several	

30. Do you usually drink

_____ alone
_____ with friends

31. During the past year, how many times have each of the following happened to you?

		2 - 3	4 - 5	6 - 9	10 or more
None	Once	times	times	times	times

_____	_____	_____	_____	_____	_____	You have gotten in trouble at work because of your drinking
-------	-------	-------	-------	-------	-------	---

_____	_____	_____	_____	_____	_____	You have gotten in difficulties or misunderstandings with friends because of your drinking
-------	-------	-------	-------	-------	-------	--

_____	_____	_____	_____	_____	_____	You have gotten into an automobile accident after you had been drinking
-------	-------	-------	-------	-------	-------	---

<u>None</u>	<u>Once</u>	<u>2 - 3</u> <u>times</u>	<u>4 - 5</u> <u>times</u>	<u>6 - 9</u> <u>times</u>	<u>10 or more</u> <u>times</u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	You have been criticized because of your drinking
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	You have gotten in trouble with police because of your drinking
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	You have forgotten what you did while drinking

32. During the past year, how much of a problem has drinking been to you?

 Drinking has not been a problem for me during this past year.

 Drinking has been a mild problem for me during this past year

 Drinking has been a considerable problem for me during this past year.

 Drinking has been quite a serious problem for me during this past year.

33. Please indicate the degree of importance of each statement.

<u>Very</u>		<u>Slightly</u>	<u>Not</u>	
<u>Important</u>	<u>Important</u>	<u>Important</u>	<u>Important</u>	
<u> </u>	<u> </u>	<u> </u>	<u> </u>	Getting married or being married
<u> </u>	<u> </u>	<u> </u>	<u> </u>	Having children or raising children
<u> </u>	<u> </u>	<u> </u>	<u> </u>	Being a good wife and mother
<u> </u>	<u> </u>	<u> </u>	<u> </u>	Being successful at your job or career
<u> </u>	<u> </u>	<u> </u>	<u> </u>	Being treated equally to male counter-part
<u> </u>	<u> </u>	<u> </u>	<u> </u>	Being independent

34. Is your sexual preference

 Heterosexual

 bisexual

 homosexual

35. How do you feel about the female liberation movement.

 Strongly for it

 For it

 Doesn't Matter

 Against it

 Strongly against it

36. Does your position (whether for or against it) cause you any anxiety or confusion.

 Yes

 No

37. Does this in any way affect your drinking?
☐ Yes, it causes me to drink more
☐ No, it has no effect on my drinking
38. Have you been victimized by racial discrimination recently?
☐ Yes ☐ No
39. Does the fact that Blacks do not enjoy the same social, economic,
and political opportunities as whites have any effect on your drinking?
☐ Yes, it causes me to drink more
☐ No, it has not affected my drinking?
40. Who referred you to this treatment center?
☐ I came on my own
☐ I was referred by the courts or legal system
☐ I was referred by my physician
☐ My family encouraged me to enter treatment center
☐ My job referred me
41. Before entering treatment here, did you seek help through any of the
following:
☐ I went to my family for help
☐ I went to my friends for help
☐ I turned to my church/clergyman for help
☐ I tried to solve my drinking problem myself
☐ I did not seek any other type of help before coming here